## Congressman Joe Sestak Internship Application

	ck Preferred Office Location: ( ) Washington, DC ( ) Media, PA
Email Address:	
Home Address:	·
Home Phone: (	) Cell: ( )
Family Contact:	Relationship:
	( )
High School:	Educational Information
	) Website: s completed: Did you graduate? [ ] Y or [ ] N
College/Univers	ity:
School Address:	
School Phone: (	) Website:
	o receive academic credit for this internship?act for Internship:
Phone: ( )_	E-mail:
Academic Majo	r: GPA:
Current grade le	vel: Anticipated year of graduation:

List three references:	
1) Name:	Phone: ( )
Address:	
Relationship:	Number of Years Acquainted:
2) Name:	Phone: ( )
Address:	
Relationship:	Number of Years Acquainted:
3) Name:	Phone: ( )
Address:	
Relationship:	Number of Years Acquainted:
List undergraduate, graduate, or professi	onal honors:
List organizations, club, teams, etc. that	you have been involved with:
List your computer skills:	
To complete your application, please atta	ach a cover letter, resume, recent school

transcript and an essay that answers the following questions:

- 1. Why do you want to intern with Congressman Sestak?
- 2. What are your expectations of the internship?
- 3. How would this internship fit into your short term and long term career goals?
- 4. What legislative issues interest you the most?

## Send this application to one of Congressman Sestak's Offices:

Note: For Washington office, please fax or email due to 2-3 week security screening delay in mail delivery

If Media, PA preference:

If Washington, DC Preference:

Attn: Bill Walsh

Attn: Staff Assistant 1022 Longworth HOB

600 N. Jackson Street, Suite 203

Washington D.C. 20515

Media, PA 19063 (610) 892-8623

(202) 225-2011

(610) 892-8628 [fax]

(202) 226-0280 [fax]

bill.walsh@mail.house.gov

sestak.scheduler.dc@mail.house.gov

## **Office Use Only**

Date received:	Interview Date:	_ Time:
Action taken:		
Start Date:	End Date:	
Beginning date of internship:		
Ending date of Internship:		